

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**107070689**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4				1		
5				1		
6			1			
7				1		
8				1		
9				1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.			15	↓		↓
TOTAL CLAIMS			18			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.				↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS